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ABSTRACT

With the emergence of greater stress in the life of today's youth, much effort has gone into the investigation of effective coping methods for adolescents. By employing coping strategies, youth gain self-control and learn appropriate behavioral responses to many of life's stressors. Effective coping can assist adolescents in mastering cognitive, behavioral, and affective reactions to stressful situations. This paper describes how Project KICK (Kids in Cooperation with Kids), a community-based program in a low socio-economic, African-American community, enhances interpersonal communication; teaches strategies for cognitive change, self-management, and self-control; and provides alternative ways of coping with stress. The most prevalent maladaptive coping strategies employed by adolescents, including fighting, hitting, yelling, pushing, and calling names, are discussed. An explanation is given of how peer monitoring, drug education, drug refusal skill enrichment, health promotion, and home visits promote healthy coping strategies. Two surveys are administered yearly to the children to evaluate the effectiveness of the project. Reference materials are provided that facilitators can use for intervention. (Contains 55 references.) (JDM)

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Coping in Children and Adolescents:

Project KICK -- A Primary Prevention Model

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Abstract

With the emergence of greater stress in the life of today's youth, much effort has gone into the development of effective coping methods for adolescents. Some of the effects of employing these coping strategies are that these youth gain self-control and learn appropriate behavioral responses to many of life's stressors. In addition, effective coping can assist adolescents to master cognitive, behavioral, and affective reactions to stressful situations. There have been numerous constructs of stress and coping that have influenced a myriad of theories about the development of problems in childhood and in how to prevent the occurrence of such problems. The authors discuss how Project KICK (Kids in Cooperation with Kids) encompasses the development of life skills, enhances interpersonal communication, teaches strategies for cognitive change, self-management, self-control, and how to cope with stress. The authors define the most prevalent maladaptive coping strategies employed by adolescents and discuss how peer mentoring, drug education, drug refusal skill enrichment, health promotion, and home visits promote healthy coping strategies.

Coping in Children and Adolescents:

Project KICK -- A Primary Presentation Model

The youth of today are faced with many complexities and challenges of the times. These challenges are not only difficult, but are also quite often dangerous. As a result, much effort has gone into the development of prevention and coping models. The challenge of providing for the development of coping strategies can be witnessed at all levels of society.

Adolescence is seen not only as a turbulent period when old bonds are stretched or broken and new ones are formed (Parker, 1978), but also as an exciting time when the future is blossoming and personal choice and control are within reach. Developmentally, prepubescence and/or adolescence is the period before adulthood and the interval just after childhood. The ambiguity of the life stage is cause for some of these youth to push toward adulthood, and thereby, rebel against authority figures.

Aronson (1986) points out that one of the primary developmental tasks for youth is to develop greater personal autonomy and maturity. It has been suggested that effective coping can help the adolescent to master both cognitive and affective experiences for significant life events and life problems. In addition, appropriate coping is construed as a technique for ego strengthening, that is, the enhancement of the adolescent's reliance on the "inner self" or "unconscious" autonomous ego functions.

Coping

According to Erica Frydenberg and Ramon Lewis (1991), the notion of coping as developed by psychologists has acquired a variety of meanings. However, the definition that we employ

was developed by Lazarus and Launier (1978) which states, "coping consists of efforts, both action oriented and intra-psychic, to manage (i.e., master, tolerate, reduce, minimize) environmental and internal demands and conflicts." This definition builds upon an earlier formulation of coping, which states, ". . . the problem-solving efforts made by an individual when the demands he/she faces are highly relevant to his/her welfare (that is a situation of considerable jeopardy or promise), and when these demands tax his adaptive resources" (Lazarus, Averill, & Opton, 1974).

Coping is a dynamic process that changes as the individual grows through levels of cognitive development. Coping choices are represented by a broad range of adaptive or maladaptive styles and reflect various levels of concrete and abstract thinking (Frydenberg & Lewis, 1993; Piaget, 1969). Stress is a normal component of life; however, the individuals ability to assess and utilize their internal and external resources determine whether the individual will be able to successfully navigate through perceived life events.

Interventions and Programs to Increase Coping

"The constructs of stress and coping have held an important role in theories about the development of problems of childhood and adolescents and in intervention models about how to prevent the occurrence of such problems" (Sandler, Wolchik, MacKinnon, Ayers, and Roosa, 1997). Sandler (1997) and his colleagues stated that improving adolescents' adaptation to stress is a promising approach to preventing the development of problems. Benson (1982) proposed that, youth are best helped in the long-term by an approach, which teaches problem-solving and coping strategies, so that future stress inducing events can be met as an exciting challenge.

Capuzzi (1998) stated that early prevention programs for at-risk youth should encompass the development of life skills, enhance interpersonal communication, learn strategies for cognitive change, achieve self-management, self-control, and how to cope with stress. Project KICK, an early intervention program, is aimed at helping at-risk youth to deal with many life stressors.

The goal of Project KICK as it relates to coping is for children to discover inner resources for the resolution of conflicts as well as for successful goal achievement. With this accomplished, it is hoped that these children will be provided with the skills necessary to become productive and happy adults.

Description of Project KICK

Project KICK is a community-based program that is funded by the City of Tallahassee (Rollin, Rubin, Marcil, Ferullo, & Buncher, 1995). Currently, the program operates in a low socio-economic community, where the youth and families being served are all African-American. The program was founded on the following concepts: peer mentoring, drug education, drug refusal skill enrichment, and health promotion. Recently, additional curricular units have been added to create a more holistic program. The units in the curriculum contain a variety of worksheets, activities, and reference materials that facilitators can select to tailor their own interventions. The complete curricular units are as follows:

1. Orientation and Rapport Building
2. Learning to Like Myself
3. Feelings
4. Drug Education/Awareness
5. Friendships, Trust, and Peer Pressure

6. Basic Communication Skills
7. Anger Management
8. Conflict Resolution
9. Problem-Solving and Decision-Making

As previously mentioned, Project KICK incorporates peer-mentoring. The peer-mentoring relationship was developed so that older children were given more responsibilities and recognition within the program, which is also based on the belief that they have creditability with younger children. A leadership program was formed in which older youth actually conduct the group activities with the assistance of Project KICK staff. Special incentives are given to the leaders throughout the year, as well as a graduation and recognition ceremony at the end of the year. The leadership program has been highly successful in forming a bond among the older participants, as well as giving younger participants a long-term goal to strive for within the program (Wright, 1999).

In order to evaluate Project KICK's performance, two surveys are administered yearly (satisfaction/feedback and issues regarding drug use) to the children. From these surveys, the data from 1999 suggested: 96% (22 out of 23 participants) of those completing the survey enjoyed being a part of Project K.I.C.K, 96% (22 out of 23) felt that the program helped them to get along better with their family, and 87% (21 out of 23) felt they would be more likely to refuse drugs now that they had the experience with Project KICK Further, when the children were asked to name one thing they remember about Project KICK, 43% said "to not do drugs or smoke". Although this survey is an informal assessment of how the program is running, it

appears that the children enjoy Project KICK, as well as the program having a positive influence on the family and children.

Home Visits

In 1996, a home visit component was incorporated into the existing program structure to increase parental awareness, support, and involvement. Zimmerman, Ramirez-Valles, Zapert, and Maton (2000) found that parental support among African Americans may help insulate adolescents from anxiety and depression. Currently, the home visits are performed by graduate staff members who are assigned to visit participants' families on a weekly basis. Home visits are described as services provided in the home either for an individual or entire family. Home visits also serve as a bridge between the KICK program and the parents. This help is typically focused on social, psychological, or educational needs and is often provided by professionals or paraprofessionals (Roberts, Wasik, Casto, & Ramey, 1991).

The need for home visits is primarily based on the following assumptions of families. The first assumption states that parents are usually the most consistent and caring people in the lives of their children. Second, if parents are provided with more effective and positive knowledge, skills, and support they will have additional insight and skills to employ with their children. Third, the parents' emotional and physical needs must be met if they are to respond emphatically and efficiently with their children (Roberts et al., 1991). Fourth, it builds a bridge between the programs and its interventions and the parents. Fifth, it provides a basis for feedback for the parents as the quality of the program.

These home visits allow our program to expand and change in a way that provides the community with services specific to the needs of the participants. As a direct result of parental

feedback from home visits, a new tutoring program is in effect and helps the children involved in Project KICK with their personal challenges in scholastic tasks. Parents often gain a sense of connectedness with their children after becoming directly involved in Project KICK activities.

Project KICK: Effective Mentoring as a Coping Tool

At-risk youth can often benefit from mentoring. A common problem at-risk youth encounter, is the lack of positive role models. The Project KICK intervention include frequent (e.g., two or three times a week) meetings which are held with the leaders (the older children who mentor the younger children) in which the topic of the week is discussed. The leaders, in turn, help teach the skill-building exercise being taught that week to the younger children. Allowing children to have a mentor who is from the same community affords them the ability to see somebody much like themselves as a positive, contributing part of society. A longitudinal study performed by Guzman (1998) found through a mentoring program that self-esteem was significantly positively related to coping. It has been found that peer mentoring is a clear way to raise children's self-esteem (Rollin et al., 1995). Mentors also help at-risk youth cope with relationships outside of the mentoring relationship. A study conducted by Rhodes, Contreras, and Mangelsdorf (1994) found subjects with mentors, "reported significantly lower levels of depression and anxiety, . . . were more satisfied with their support resources, and appeared better able to cope effectively with relationship problems." Mentoring provides at-risk youth the skills needed to deal with interpersonal relationships on a positive level. Mentoring is a simple way to provide children with the skills they need to be an active part of society.

Project KICK teaches adaptive ways of coping through the use of its curriculum, peer mentoring, and home visit components. These successive weekly units teach the children the

connection between emotions and behavior, management of emotions, and the identification of positive and negative consequences of maladaptive coping skills. One of the most common maladaptive ways of coping with stress for adolescents is the use of drugs (Myers, Stice, & Wagner, 1999).

Maladaptive Coping

Drug Use as a Coping Method

The literature that examines drug use and coping, views alcohol and other drug use as a maladaptive means of coping with life circumstances (Myers, Stice, & Wagner, 1999; Wills & Shiffman, 1985; Luthar & D'Avanzo, 1999). For this reason, adaptive coping is considered to be an important avenue of exploration as a means of drug prevention. There has been a constellation of reasons that adolescent and middle school- age children have given for using drugs as a maladaptive way of coping. Reasons for using drugs include: belonging, experimentation, defiance, pleasure, peer influence, creativity, and a means of managing life stressors. Adolescents have identified the reasons they use drugs as a form of coping as follows: recreation, escaping from problems, trying to relax, trying to get rid of depression and nervousness, and trying to lose weight.

Novacek, Raskin, and Hogan (1990) believe that the main variable that accounts for taking drugs among adolescents is because of the drugs' pleasurable effects. They make the suggestion that interventions designed to reduce drug use provide alternate sources of pleasure and coping rather than focusing on requests to simply give up drug use.

Interventions (Project KICK) and Adaptive Coping

Effective Communication as a Coping Tool

Several researchers have identified a link between coping and communication in adolescent relationships (Caplan, 1974; Shulman, 1993; Jackson, Bijstra, Oostra, & Bosman, 1998). Social support has been identified as an important factor in functional coping (Caplan, 1974; Cauce, 1986; Skinner & Wellburn, 1994). In addition, it has been noted that, during adolescence, the salience of peer relationships increases (Youniss, 1980). Project KICK's unit on basic communication skills provides youth effective communication techniques that help them develop and maintain relationships with peers, as well as adults. The communication unit of the KICK curriculum teaches such skills as active listening, the use of "I" statements, effective complaining, the use and interpretation of body language, and much more. These skills are crucial components in the process of building and sustaining relationships. These relationships are the basis of children's social support.

Coping reflects the ability of an individual to effectively regulate his/her own behavior, emotions, and motivational orientation during stress (Shulman, 1993). Project KICK teaches children how to manipulate and regulate their communication styles. Regulation communicative behavior (i.e., body language, words, etc.) is a necessary component of coping with stressful situations.

Effective Anger Management as a Coping Tool

Daily stress and coping are chronic problems in the lives of children and adolescents (Repetti, McGrath, Ishikawa, & 1999). Children are faced with stressful events such as: fear of their peers, being rejected by peers, parental discord, rumors, teasing, violence, and biological

changes (Bromberger & Mathews, 1996; Deffenbacher, Lynch, Oetting, & Kemper, 1996; Lazarus & Folkman, 1984; Lee, Ashford, & Jamieson, 1993; Novaco, 1995; Palfai & Hart, 1997; Repetti, et al., 1999; Whatley, Foreman, & Richards, 1998; Whitesell, Robinson, & Harter, 1993). Learning to cope with the stress and anger that results from these situations is an essential part of insuring the emotional, psychological, and physical well being of children and adolescents (Appel, Holroyd, & Gorkin, 1983; Dempsy, 1997; Diong & Bishop; 1999; Houston & Vavak, 1991; Siegel, 1992; Smith & Christensen, 1992).

Research indicates that anger management and relaxation are effective coping strategies in the management of stress (Deffenbacher, Twaites, Wallace, & Oetting, 1994; Deffenbacher et al., 1996; Dempsy, 1997; Novaco, 1975; Palfai, 1997; Schlichter & Horan, 1981). When part of a transient emotional state, anger is not problematic. However, when anger becomes a recurrent state or disposition, the previously mentioned roles associated with anger become a threat to personal well being. When anger is more than a transient state, it necessitates the implementation of therapeutic intervention. The literature supports the notion that anger can be viewed as a stress reaction, and anger management as a coping style. Poor anger management is a deficient and dysfunctional coping style (Novaco, 1995).

Project KICK is designed to help youth effectively manage their anger and cope with the stressors of daily life. The anger management module focuses on teaching children how to identify anger triggers and express their anger in constructive ways. The anger management unit also involves providing youth with relaxation techniques they may utilize during stressful events. In addition, the KICK curriculum is designed to teach children how to manage other emotions as

well. This broader sense of emotional regulation strengthens their coping abilities (Dempsey, 1997).

Although several studies have looked at the effects of anger management on the coping styles and abilities of children and adolescents (Feindler, Ecton, Kingsley, & Buvey, 1986; Kazdin, Buss, Siegel, & Thomas, 1989; Lochman & Curry, 1986; Lochman, 1992), few of them were conducted on "normal" youth populations. In other words, most of the existing research on youth-oriented anger management and coping skills programs has focused on children who have been identified as problematic (i.e., overly aggressive, antisocial, delinquent, or in residential treatment or other special programs). While these populations warrant serious concern and are worthy of the attention, the results from these settings may not be generalizable to a broader range of mainstream youth (Deffenbacher, et al., 1996).

Project KICK is unique in that it has been developed for a fairly "normal" population of children, some of whom are considered at-risk, but not necessarily belonging to any of the aforementioned categories of children. Project KICK is also distinctive because, unlike the majority of coping skills and anger management programs, it is a prevention program, rather than an intervention or treatment.

Conflict Resolution as an Effective Coping Tool

At-risk youth deal with many issues of conflict in their lives. It is important for such children to resolve these conflicts in positive and healthy ways. Frequent exposure to conflict elicits confusion and anger for these kids. The continuation of confusion and anger can most possibly be related to distress (Cummings, Vogel, Cummings, & El-Sheikh, 1989). The constant distress for at-risk youth is a serious threat to their psychological adjustment and mental health

(Reckliltis & Noam, 1999). The more distress experienced by these youth, the greater the risk of the youth developing psychological problems. This can occur especially if their current coping strategies are maladaptive and negative (Cummings et al., 1989). Some examples of these maladaptive coping strategies include: fighting, hitting, yelling, pushing, and calling names.

The resolution for this may be to provide at-risk youth with ways of dealing with their daily conflicts in more constructive ways. Project KICK and its curriculum provide many different strategies for coping. Maladaptive coping strategies are less productive and more prone to the development of distress (Reckliltis & Noam, 1999).

Project KICK's curriculum teaches positive ways to resolve conflict. The conflict resolution lessons begin with an introduction to and the meaning of conflict. The lesson continues by defining the different styles of conflict, and teaching the children strategies to resolve conflicts in more positive ways. Project KICK's focuses upon conflict resolution in a way that promotes a healthy lifestyle and effective psychological adjustment. Positive coping strategies enhance healthy development and prove realistic ways to handle conflict situations in an adaptive way (Reckliltis & Noam, 1999).

Another important aspect of Project KICK, through the home visits, teaches both the child and the parent(s) more effective ways to deal with conflict in the home environment. Effective conflict resolution can lessen the distress and the responsibility of the child in the conflict situation with the parent. Also, learning active coping strategies in the home can enhance the parent-child relationship (Cummings et al., 1989).

Applying positive coping skills to conflicts have an important impact on the at-risk youth population. Reckliltis and Noam (1999) found that active coping skills were correlated with

better overall adjustment. In addition, these findings also support the hypothesis that the role of coping is an important protective factor against maladaptive conflict resolution (Reckliltis & Noam, 1999). Any interventions providing at-risk youth the opportunity to elicit effective coping strategies can also promote a healthy ego development. This ego development can help the child to better distinguish the impact of choosing right versus wrong. Therefore, choosing to resolve the anger conflict lessens the initial distress the conflict elicited (Cummings et al., 1989). The more active and interactive the interventions can be, the higher the level of ego development for the child (Reckliltis & Noam, 1999). Utilizing more effective coping responses can be useful for a wide range of behavior problems.

Effective Problem-Solving as a Coping Tool

Adolescents, including the at-risk youth population, are involved in a transitional period where they experience physical, cognitive, and socio-affective changes. Other problem situations, like stress and depression, can also affect their well being (Dumont & Provost, 1999). Some youth can handle these situations adaptively, whereas others may experience adjustment problems that may lead to stress and depression or other psychological problems. In these stressful circumstances, coping strategies using problem-solving methodology could be useful (Dumont & Provost, 1999). The types of coping skills involved in problem solving include: seeking out new information that can help lessen the stress; seeking advice; allowing social support from friends, family members, and the community; and making the effort to solve the problem (Dumont & Provost, 1999).

Project KICK implements many interventions directed at promoting effective problem-solving strategies. The curriculum teaches at-risk youth about certain problematic situations, and

introduces many alternative methods of problem solving. Having a repertoire of various problem-solving strategies enables the child to choose the alternative(s) that solves the problem most appropriately. Active coping skills are learned through these interventions, and can be implemented for other stressors in their lives.

As a result of choosing effective coping strategies to solve problems, these youth are more likely to develop an increased self-esteem and self-confidence. Dumont and Provost (1999) have stated that a high self-esteem and self-confidence is necessary for healthy psychological adjustment. These researchers have further noted that by having developed a positive self-confidence and self-identity one can prevent many stressors or problems. This prevention can occur because these children have built for themselves a belief that they have the capability to cope with and solve these problems. In addition, coping can be used as a buffer to the noxious effects of difficult situations, because coping helps the adolescents to avoid an overabundance of stress and depression. Further, these youth may develop the belief that they can resolve their differences.

High Self-Esteem Promotes Adaptive Coping

Project KICK provides at-risk youth and their families a variety of skills needed for greater self-esteem. Social skills training may improve a child's self-esteem, decrease anxiety, increase social activity and help children make better use of adequate coping strategies (Bijstra & Jackson, 1998). Further, Dumont and Provost (1999) discovered that "self-esteem is the prominent protective resource that youth can use against daily negative life events." The nine curriculum units utilized by Project KICK staff focus on these issues of self-esteem and problem

solving, which has been found to be instrumental in helping adolescents decrease stress and depression.

Research suggests that lower self-esteem may lead to drug use, promiscuity, depression, and anxiety (Stein & Nyamathi, 1999). Therefore, these self-esteem issues warrant specific interventions. A section of the curriculum ("Learning to Like Myself") allows the children to realize their strong points, and to appreciate uniqueness. Children who develop low self-esteem tend to utilize more avoidance coping strategies than those with higher self-esteem (Chapman & Mullis, 1999).

Families play a strong role in a child's self-esteem and coping abilities. When a child is rejected by their family, it is often related to low self-esteem, poor coping skills, and a negative attitude toward school (Clark, 1995). Project KICK utilizes home visits as a preventative method to combat some of these problems before they begin. Resources are given to the family to help them receive any services they may need, or cannot afford. The parent-child relationship and familial communication is also a priority of home visits. Through these visits, Project KICK staff aims to provide the parents with the skills necessary to better communicate with their child.

In turn, Project KICK hopes to provide a greater family satisfaction for both the child and parent so the child can develop greater self-esteem and coping strategies.

Conclusion

In sum, it is believed that the effects of employing effective coping strategies do assist youth in gaining self-control and learning appropriate behavioral responses to formerly inappropriate behavioral stimulating situations. Further, by employing effective coping strategies these

adolescents should more easily master both cognitive and affective experiences for significant life events and life problems.

The goal of Project KICK, as an early intervention program, is for the children to discover their inner coping resources for the resolution of environmental and internal demands and internal conflicts. In effect, these skills will assist the children in successful goal achievement, so that they will be provided with the necessary skills to become productive and happy adults. Outcomes from the surveys administered annually show that the youth and families are provided with several coping strategies.

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